Rev. 4/28/20

**To Be Completed By Requesting Department:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initiator Name: | |  | | | | | Department Name: | |  | | |
| Exception Requested for Employee Name: | |  | | | | | Position Title: | |  | | |
| Sched. Hours: |  | | Sched. Weeks (hourly): |  | Sched. Months (salaried): |  | Full-time: |  | | Part-time: |  |
| Employee should be an Exception to the Mandatory Leave Draw Down because… | | | | | | | | | | | |
|  | | | | | | | | | | | |

**Approval for Department Requesting Draw Down (electronic entry):**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department Head Approval Date |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FOR HR USE ONLY  LEAVE ACCRUALS AS OF(enter date here): | | | |
| Personal (hrly): | P’fect Attend (hrly): | Float Hldy: | Time Due: |
| Current Vacation: | FY21 Vacation (include projected): | Total Exp 6/30/20: | Total All Leave: |

**VP Approval:**

Request for Exemption Approved:  Yes or  No

If different than original request, specify information here:

Employee will be required to draw down       accrued leave days  per week or  per month, or other

|  |  |  |
| --- | --- | --- |
|  | | VP Comments: |
| **Vice President Approval** | |  |
|  |  |  |
|  | **Date** |  |  |  |

**CHRO Acknowledgement:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | CHRO Comments: | | |
| **CHRO Approval** |  | | |
|  | |  |
| **Date** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FOR HR USE ONLY | | | |
| Approved Exception | accrued leave days from and to | per wk. or  per mo.  other | Kronos Reviewed        Date and/or Comments |